



Attorney Docket No. T9918

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:	GARY SOHNGEN et al.)	
)	
TITLE:	INTRAMEDULLARY NAIL)	
	FOR LONG BONE)	
	FRACTURES)	
)	
SERIAL NO.:	10/624,463)	FEE LETTER TO COVER
)	ADDITIONAL CLAIMS BY
)	AMENDMENT
FILED:	July 21, 2003)	
)	
EXAMINER:	A. Reimers)	
)	
ART UNIT:	3732)	
)	
)	
)	

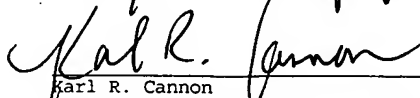
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Submitted herewith is the fee of \$200.00 included in Form PTO-2038 to secure consideration of two additional independent claims, which are added by *Response B with Amendment* enclosed herewith.

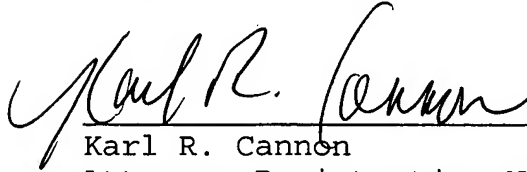
Certificate of Deposit Under 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop ~~Amendment~~, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the 4 day of August, 2005.


Karl R. Cannon
Attorney Registration No. 36,468
Attorney for Applicant

DATED this 4 day of August, 2005.

Respectfully submitted,

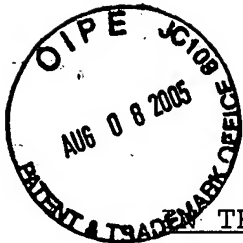


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Attorney Docket No. T9918

THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: GARY SOHNGEN et al.)
)
TITLE: INTRAMEDULLARY NAIL)
FOR LONG BONE)
FRACTURES)
)
SERIAL NO.: 10/624,463) RESPONSE B WITH AMENDMENT
)
FILED: July 21, 2003)
)
EXAMINER A. Reimers)
)
ART UNIT: 3732)
)
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)
)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Responsive to the Office Action mailed May 4, 2005, applicants request entry of this Response B With Amendment and reconsideration of the above-captioned application. This response addresses every ground of rejection set forth in the Office Action.

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Attorney for Applicant

A shortened statutory period for response of three (3) months was set for response to the Office Action. Accordingly, this response is timely filed.

Claims 5, 11, and 13 have been rewritten into independent form, and one independent claim has been canceled, bringing to five (5) the total of independent claims under examination (comprising claims 1, 5, 11, 13, and 26). Accordingly, enclosed is a captioned paper entitled "FEE TO COVER ADDITIONAL CLAIMS ADDED BY AMENDMENT", and a PTO Form 2038 (credit card payment form) appropriate in amount to cover the corresponding fee for these additional claims.

Please amend the above-captioned application as follows: